

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-011060

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

VS 300  
Rev. 4/59

10340

203401

3

4 1

5 1

6

7 1

8 0

94201

10

11

12 90-2

13 1-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS  
INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

## 1. PLACE OF DEATH

a. COUNTY Douglas

b. CITY (If outside corporate limits, give TOWNSHIP only)

TOWN Miller Township

Length of stay in 1b

13yrs

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR  
INSTITUTION

Inside Limits

Yes ☐ No ☐

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri COUNTY Douglas

c. CITY

OR TOWN

Ava

Inside Limits

Yes ☐ No ☒

d. STREET ADDRESS

Route 2,

(If outside, give location)

Reside on Farm

Yes ☒ No ☐

## 3. NAME OF DECEASED

(Type or print)

First

Middle

Last

Dona Emaline Shipley

4. DATE OF DEATH

Month

Day

Year

April 2, 1963

## 5. SEX

Female

## 6. COLOR OR RACE

White

## 7. Married

Widowed ☐

## 8. DATE OF BIRTH

3-20-77

## 9. AGE (last birthday)

86

## 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

## 10b. KIND OF BUSINESS OR INDUSTRY

Own home

## 11. BIRTHPLACE (City and state or country)

----- Kentucky

## 12. CITIZEN OF WHAT COUNTRY

USA

## 13a. FATHER'S NAME

Asa Merritt

## 13b. MOTHER'S MAIDEN NAME

Katty Henson

## 14. NAME OF HUSBAND OR WIFE

Wm. L. Shipley

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

No

## 16. SOCIAL SECURITY NO.

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## 17. INFORMANT

Address

Myrtle May Wallace, Wichita, Kans.

## 18. CAUSE OF DEATH (Enter only one cause per line)

### PART I. DEATH WAS CAUSED BY:

#### IMMEDIATE CAUSE (a)

#### DUE TO (b)

#### DUE TO (c)

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

Acute Coronary Thrombosis  
Acute

## INTERVAL BETWEEN ONSET AND DEATH

0

### PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

### PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

## 19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☐

## 20a. ACCIDENT

☐

## SUICIDE

☐

## HOMICIDE

☐

## 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

## 20c. TIME OF INJURY

Hour

s.m.

Month, Day, Year

## 20d. INJURY OCCURRED WHILE AT WORK

NOT WHILE AT WORK ☐

## 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

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## 20f. CITY, TOWN, OR LOCATION

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## COUNTY

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## STATE

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## 21. I attended the deceased from

March 10/63 to

April 2/63

and last saw her alive on April 2/63

## Death occurred at

1: A.M.

on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

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## (Degree or title)

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## 22b. ADDRESS

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## 22c. DATE SIGNED

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## 23a. FUNERAL, CREMATION, REMOVAL (Specify)

Burial

## 23b. DATE

4-5-63

## 23c. NAME OF CEMETERY OR CREMATORY

Basher

## 23d. LOCATION (City, town, or county)

Basher, Mo.

## 24. FUNERAL DIRECTOR

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## ADDRESS

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## 25. DATE RECD. BY LOCAL REG.

April 5-63

## 26. REGISTRAR'S SIGNATURE

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Clinkingbeard Funeral Home, Ava, Mo.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_,  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*Charles R. Fish*

Licensed Embalmer No. 4662

P. O. Address Ava Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.